

**KIDS Corps**  
**Youth Volunteer Application**

*Must be 12-20 years old*

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Grade (now or in fall): \_\_\_\_\_

School/Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

List Volunteer and/or Work experience (include babysitting, church groups, etc.): \_\_\_\_\_

\_\_\_\_\_

How did you hear about the KIDS Corps program? \_\_\_\_\_

What town(s) are you willing to travel to for volunteer placement? \_\_\_\_\_

What volunteer opportunities are you interested in (office work, tutoring, soup kitchen, etc.)?

\_\_\_\_\_

When are you available to volunteer:  After School       Weekends       Summer

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Permission** (*if under 18*): All answers to the above questions are true and correct. I hereby give my son/daughter permission to participate in the KIDS Corps program. I understand that volunteer placement will occur after completed application is received and an interview is scheduled.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed applications to:  
Family & Children's Service, Volunteer Services  
191 Bath Avenue, Long Branch, NJ 07740  
ph. 732-222-9111      fax 732-531-8507